

(Official Form 1) (10/05)

FORM B1 United States Bankruptcy Court Western District of Virginia		Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Frizzell, Harry L		Name of Joint Debtor (Spouse) (Last, First, Middle):																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																					
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 6017		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																					
Street Address of Debtor (No. & Street, City, State & Zip Code): 2114 Camp Rd Culpeper, VA		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																					
ZIPCODE 22701		ZIPCODE																					
County of Residence or of the Principal Place of Business: Culpeper		County of Residence or of the Principal Place of Business:																					
Mailing Address of Debtor (if different from street address): 429 Lenox Ave Norfolk, VA		Mailing Address of Joint Debtor (if different from street address):																					
ZIPCODE 23503		ZIPCODE																					
Location of Principal Assets of Business Debtor (if different from street address above):																							
ZIPCODE																							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and provide the information requested below.) State type of entity:		Nature of Business (Check all applicable boxes.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 15 U.S.C. § 501(c)(3)																					
Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input checked="" type="checkbox"/> Chapter 13		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.																					
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Estimated Debts <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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FORM B1, Page 2

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Frizzell, Harry L	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p>I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> <u>/s/ Margaret C. Valois</u> 9/29/06 Signature of Attorney for Debtor(s) Date </p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>		<p style="text-align: center;">Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</p> <p><input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition</p> <p><input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)</p>	
<p style="text-align: center;">Information Regarding the Debtor (Check the Applicable Boxes)</p> <p style="text-align: center;">Venue (Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Statement by a Debtor Who Resides as a Tenant of Residential Property</p> <p style="text-align: center;"><i>Check all applicable boxes.</i></p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name of landlord or lessor that obtained judgment)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Address of landlord or lessor)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p>			

(Official Form 1) (10/05)

FORM B1, Page 3

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Frizzell, Harry L**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Harry L Frizzell

Signature of Debtor

Harry L Frizzell**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

September 29, 2006

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. A certified copy of the order granting recognition is attached.

(Check one box only)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.

☐ Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

X

Printed Name of Foreign Representative

Date

Signature of Attorney**X** /s/ Margaret C. Valois

Signature of Attorney for Debtor(s)

Margaret C. Valois 66034

Printed Name of Attorney for Debtor(s)

Margaret C. Valois, PLLC

Firm Name

2511 Memorial Ave Ste 203

Address

Lynchburg, VA 24501-2657**(434) 845-4529**

Telephone Number

September 29, 2006

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

United States Bankruptcy Court
Western District of Virginia

IN RE:

Case No. _____

Frizzell, Harry L

Debtor(s)

Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: September 29, 2006

Signature: /s/ Harry L Frizzell
Harry L Frizzell

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

ALDINE ISD TAX OFFICE
14909 ALDINE WESTFIELD RD
HOUSTON, TX 77032-3027

AMERICAN EXPRESS
PO BOX 297804
FORT LAUDERDALE, FL 33329-7804

AMERICAN MEDICAL COLLECTION AGENCY
2269 SAW MILL RIVER RD STE 3
ELMSFORD, NY 10523-3839

ASSOC PATHOLOGISTS OFJOLIET
3030 MADISON ST
STE 200A
JOLIET, IL 60435

ATLANTIC FOOT AND ANKLE CENTER
1788 REPUBLIC ROAD, SUITE 300
VIRGINIA BEACH, VA 23454

ATLANTIC ORTHOPAEDIC SPECIALISTS
230 CLEARFIELD AVENUE, SUITE 124
VIRGINIA BEACH, VA 23462-1832

BROWN & ASSOC MEDICAL LAB, LLP
PO BOX 421849
HOUSTON, TX 77242-1849

CAPITAL ONE
PO BOX 30285
SALT LAKE CITY, UT 84130-0285

CARSON LO, MD, PA
PO BOX 19814
HOUSTON, TX 77224

CITIBANK
ATTN: BANKRUPTCY
PO BOX 6241
SIOUX FALLS, SD 57117-6241

CITIFINANCIAL AUTO
5550 LYNDON B JOHNSON FWY STE 901
DALLAS, TX 75240-2342

CMD ACCOUNT MANAGEMENT, INC.
250 SOUTH PRESIDENT STREET, SUITE 3000
BALTIMORE, MD 21202-7806

COLLECTECH SYSTEMS
PO BOX 4157
WOODLAND HILLS, CA 91365-4157

COUNTRYWIDE HOME LOANS, INC
1800 TAPO CANYON
SIMI VALLEY, CA 96063-6712

DIRECTV
PO BOX 78626
PHOENIX, AZ 85062-8626

EARTHLINK CUSTOMER SERVICE
PO BOX 7645
ATLANTA, GA 30357-0645

EQUIDATA
PO BOX 6610
NEWPORT NEWS, VA 23606-0610

FASKE LAY & CO LLP
PO BOX 26525
AUSTIN, TX 78755-0525

FULL SPECTRUM LENDING, INC
4500 PARK GRANADA
CALABASAS, CA 91302

GFH INCORPORATED
11500 NORTHWEST FWY STE 310
HOUSTON, TX 77092-6527

GMAC
C/O LAWRENCE, BACA & DONOHUE
5225 KATY FWY STE 350
HOUSTON, TX 77007-2265

HARRIS COUNTY TAX ASSESOR-COLLECTOR
PO BOX 4576
HOUSTON, TX 77210-4576

INOVA MOUNT VERNON HOSPITAL
PO BOX 37021
BALTIMORE, MD 21297-3021

KATY WEST HOUSTON ANESTHESIA, PA
PO BOX 200393
HOUSTON, TX 77216-0393

KCI USA, INC.
PO BOX 660401
DALLAS, TX 75266-0401

LEGAL COLLECTION UNIT
UNIVERSITY OF VA HEALTH SVCS FOUNDATION
PO BOX 3883
CHARLOTTESVILLE, VA 22903

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
1301 TRAVIS ST STE 200
HOUSTON, TX 77002-7494

LITTON LOAN SERVICING
4828 LOOP CENTRAL DR
HOUSTON, TX 77081-2212

MEDICAL COLLEAGUES OF TX, LLP
21700 KINGSLAND BLVD., #201
KATY, TX 77450-2547

MEMORIAL CITY CARDIOLOGY ASSOC
920 FROSTWOOD, SUITE 760
HOUSTON, TX 77024

MEMORIAL HERMANN HOME HEALTH D
8585 COMMERCE PARK, SUITE 550
HOUSTON, TX 77036

MERIBETH NOVAK, ESQ.
BARRETT BURKE ET AL
15000 SURVEYOR BLVD, STE. 100
ADDISON, TX 75001

NCO FINANCIAL SYSTEMS
DEPT 99
PO BOX 15630
WILMINGTON, DE 19850-5630

NCO FINANCIAL SYSTEMS, INC.
PO BOX 15618
WILMINGTON, DE 19850

NELNET, INC.
PO BOX 17460
DENVER, CO 80217-0460

NORFOLK GENERAL HOSPITAL
SENTARA COLLECTIONS
PO BOX 79698
BALTIMORE, MD 21279-0698

OFFICE OF THE US TRUSTEE
WESTERN DISTRICT OF VIRGINIA
210 1ST ST SW STE 505
ROANOKE, VA 24011-1620

OKSANA V FRIZZELL
2414 CROOKED LN
HOUSTON, TX 77084-5250

ORTHO & NEURO CONSULTANTS, INC.
70 S CLEVELAND AVE
WESTERVILLE, OH 43081-1329

PELLETTIERI & ASSOCIATES, LTD
PO BOX 505
LINDEN, MI 48451-0505

PHYLLIS C. BLECK MDSC
120 SPALDING DR STE 308
NAPERVILLE, IL 60540-6521

PROVENA MERCY MEDICAL CENTER
2870 STONER CT STE 300
NORTH LIBERTY, IA 52317-8525

PROVIDIAN BANK
ATTN: BANKRUPTCY
PO BOX 9180
PLEASANTON, CA 94566-9180

QUEST DIAGNOSTICS, INC.
PO BOX 41652
PHILADELPHIA, PA 19101-1652

RELIANT ENERGY
PO BOX 3765
HOUSTON, TX 77253

SIFATUR SAYEED, MD
1315 N. HIGHLAND AVENUE, SUITE #200
AURORA, IL 60506

SOUTHWEST RADIOLOGY ASSOCIATION
7026 OLD KATY ROAD, SUITE 276
HOUSTON, TX 77024

SPECIALIZED COLLECTION SYSTEMS, INC.
PO BOX 441508
HOUSTON, TX 77244-1508

UNIVERSITY OF VA HEALTH SVCS FOUNDATION
PO BOX 281184
ATLANTA, GA 30384-1184

UT PHYSICIANS
1851 CROSSPOINT AVE
HOUSTON, TX 77054-3709

VANN VIRGINIA CTR FOR ORTHOPAEDICS
230 CLEARFIELD AVE STE 124
VIRGINIA BEACH, VA 23462-1832

VASCULAR & TRANSPLANT SPECIALISTS
397 LITTLE NECK ROAD, SUITE 100
3300 SOUTH BUILDING
VIRGINIA BEACH, VA 23452

VIRGINIA BEACH GENERAL HOSPITAL
SENTARA COLLECTIONS
PO BOX 79698
BALTIMORE, MD 21279-0698